

A FDID <u>36007</u> <input checked="" type="checkbox"/> State <u>OK</u> <input checked="" type="checkbox"/> Incident Date <u>03</u> <u>24</u> <u>2020</u> Station <u>001</u> Incident Number <u>0001323</u> Exposure <u>000</u> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity NFIRS-1 Basic			
B Location Type <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. Census Tract _____ <input checked="" type="checkbox"/> Street address <u>410</u> <u>W</u> <u>Cleveland</u> <u>AVE</u> Number/Milepost Prefix Street or Highway Street Type Suffix <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <u>Ponca City</u> <u>OK</u> <u>74601</u> Apt./Suite/Room City State ZIP Code <input type="checkbox"/> Directions <input type="checkbox"/> U.S. National Grid Cross Street, Directions or National Grid, as applicable			
C Incident Type <u>111</u> <u>Building fire</u> Incident Type D Aid Given or Received <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Auto. aid received 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Auto. aid given 5 <input type="checkbox"/> Other aid given Their FDID _____ Their State _____ Their Incident Number _____	E1 Dates and Times Midnight is 0000 Month Day Year Hour Min Alarm <input checked="" type="checkbox"/> <u>03</u> <u>24</u> <u>2020</u> <u>2305</u> ALARM always required ARRIVAL required, unless canceled or did not arrive <input checked="" type="checkbox"/> Arrival <u>03</u> <u>25</u> <u>2020</u> <u>0235</u> CONTROLLED optional, except for wildland fires <input type="checkbox"/> Controlled <input type="checkbox"/> Last Unit Cleared <u>03</u> <u>25</u> <u>2020</u> <u>0235</u> LAST UNIT CLEARED, required except for wildland fires	E2 Shifts and Alarms Local Option <input type="checkbox"/> Shift or Platoon <input type="checkbox"/> Alarms <u>001</u> District E3 Special Studies Local Option <input type="checkbox"/> Special Study ID# _____ Special Study Value _____	
F Actions Taken <u>86</u> <u>Investigate</u> Primary Action Taken (1) Additional Action Taken (2) Additional Action Taken (3)	G1 Resources <input checked="" type="checkbox"/> Check this box and skip this block if an Apparatus or Personnel Module is used. Apparatus _____ Personnel _____ Suppression _____ EMS _____ Other _____ <input type="checkbox"/> Check box if resource counts include aid received resources.	G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property \$ <u>000</u> , <u>100</u> , <u>000</u> <input type="checkbox"/> Contents \$ <u>000</u> , <u>010</u> , <u>000</u> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ _____ , _____ , _____ <input type="checkbox"/> Contents \$ _____ , _____ , _____ <input type="checkbox"/>	
Completed Modules <input checked="" type="checkbox"/> Fire-2 <input checked="" type="checkbox"/> Structure Fire-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Service Cas.-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11	H1 Casualties <input checked="" type="checkbox"/> None Deaths Injuries Fire Service _____ Civilian _____ H2 Detector Required for confined fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown	H3 Hazardous Materials Release <input type="checkbox"/> None 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21-lb tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input type="checkbox"/> Other: special HazMat actions required or spill > 55 gal (Please complete the HazMat form.)	Mixed Use Property <input type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use
J Property Use <input type="checkbox"/> None Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school, kindergarten 215 <input type="checkbox"/> High school, junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Nursing home 331 <input type="checkbox"/> Hospital 341 <input type="checkbox"/> Clinic, clinic-type infirmary 342 <input type="checkbox"/> Doctor/Dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1- or 2-family dwelling 429 <input checked="" type="checkbox"/> Multifamily dwelling 439 <input type="checkbox"/> Rooming/Boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/Barracks 519 <input type="checkbox"/> Food and beverage sales 539 <input type="checkbox"/> Household goods, sales, repairs 571 <input type="checkbox"/> Gas or service station 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric-generating plant 629 <input type="checkbox"/> Laboratory/Science laboratory 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/Poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/Cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right-of-way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/Divided highway 962 <input type="checkbox"/> Residential street/driveway 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard			

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
Property Use Code
Property Use Description
NFIRS-1 Revision 01/01/05

K1 Person/Entity Involved

Local Option

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix
 Number Prefix Street or Highway Street Type Suffix
 Post Office Box Apt./Suite/Room City
 State ZIP Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

K2 Owner

☐ Same as person involved? Then check this box and skip the rest of this block.

Business Name (if applicable)

Area Code

Phone Number

☐ Check this box if same address as incident location (Section B). Then skip the three duplicate address lines.

MR Josh Fields
 Mr., Ms., Mrs. First Name MI Last Name Suffix
 Number Prefix Street or Highway AVE Street Type Suffix
 Post Office Box Apt./Suite/Room City
 State ZIP Code

L**Remarks:****RON CREMERS****March 25,2020 03:54:53**

Dispatched to a smoke investigation at Elm & Grand

RON CREMERS - Ambulance 115**March 25,2020 03:59:24**

Assisted in fire control

RON CREMERS - Ambulance 118**March 25,2020 04:01:56**

Assigned and assisted in fire control

RON CREMERS - Engine 1**March 25,2020 04:03:43**

Assigned fire attack

☒ More remarks? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

M Authorization

Check box if same as Officer in charge. ☒

1950 Officer in charge ID Signature Captain Position or rank Assignment Month Day Year
 1950 Member making report ID Signature Captain Position or rank Assignment Month Day Year

A	FDID 36007 ★	OK State ★	MM 03 DD 24 YYYY 2020 Incident Date ★	Station	Incident Number 0001323 ★	Exposure 000 ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-1S Supplemental
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K1 Person/Entity Involved

Local Option Business Name (if applicable) Area Code Phone Number

☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

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E3**Supplemental Special Studies**

Local Option

**NFIRS-1S
Supplemental**

- | | | | | | | | | | | | |
|---|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|
| 1 | <input type="text"/> | <input type="text"/> | 2 | <input type="text"/> | <input type="text"/> | 3 | <input type="text"/> | <input type="text"/> | 4 | <input type="text"/> | <input type="text"/> |
| | Special | Special | | Special | Special | | Special | Special | | Special | Special |
| | Study ID# | Study Value | | Study ID# | Study Value | | Study ID# | Study Value | | Study ID# | Study Value |
| 5 | <input type="text"/> | <input type="text"/> | 6 | <input type="text"/> | <input type="text"/> | 7 | <input type="text"/> | <input type="text"/> | 8 | <input type="text"/> | <input type="text"/> |
| | Special | Special | | Special | Special | | Special | Special | | Special | Special |
| | Study ID# | Study Value | | Study ID# | Study Value | | Study ID# | Study Value | | Study ID# | Study Value |

L**Remarks:**

Local Option

RON CREMERS - Engine 2**March 25,2020 04:07:34**

Assigned water supply then assist with fire attack

RON CREMERS - Engine 4**March 25,2020 04:09:07**

Assigned fire attack

RON CREMERS - Rescue 3**March 25,2020 04:11:28**

Assigned to assist fire control

RON CREMERS - Tower 1**March 25,2020 04:13:38**

Assigned to spray water from the tower

RON CREMERS - Command 1**March 25,2020 04:22:33**

Was dispatched to a smoke in the area of Elm and Grand. As we were about a block away you could see smoke in the area. Upon arrival we found a two story brick building with a little fire in the front door. The second story had a lot of smoke coming out of all sides. The building had boards on all the windows. PD on scene stated that there was a board on the door but that it had burned through prior to our arrival. E-1 Amb 118 assigned fire attack. They entered the A side and proceeded to knock down fire in the front door and front entrance area of structure. They eventually made it two the second floor where most of the fire was. They stated their was a large amount of fire on the second floor. They attempted to get the fire under control. It became obvious that the condition had changed and it was no longer safe for an interior attack. All personal was ordered to exit the structure. At this time we began an exterior attack using master streams from 3 fire apparatus. Eventually this got most of the fire under control. The areas that were still burning was areas under the roof that had collapsed.

It was noted that the back door had a pad lock that looked as though it had been bus

A	FDID 36007 ★	State OK ★	Incident Date MM 03 DD 24 YYYY 2020 ★	Station	Incident Number 0001323 ★	Exposure 000 ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-1S Supplemental
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K1 Person/Entity Involved
 Local Option Business Name (if applicable) Area Code - - Phone Number
☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

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E3**Supplemental Special Studies**

Local Option

**NFIRS-1S
Supplemental**

1	<input type="text"/>	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	3	<input type="text"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>
	Special	Special		Special	Special		Special	Special		Special	Special
	Study ID#	Study Value		Study ID#	Study Value		Study ID#	Study Value		Study ID#	Study Value
5	<input type="text"/>	<input type="text"/>	6	<input type="text"/>	<input type="text"/>	7	<input type="text"/>	<input type="text"/>	8	<input type="text"/>	<input type="text"/>
	Special	Special		Special	Special		Special	Special		Special	Special
	Study ID#	Study Value		Study ID#	Study Value		Study ID#	Study Value		Study ID#	Study Value

L**Remarks:**

Local Option

ted open. This was noted to the police on scene.

After fire had appeared top be mostly under control I placed all units except Tower-1 back in service.

A	FDID <input type="text" value="36007"/> ★	State <input type="text" value="OK"/> ★	Incident Date MM <input type="text" value="03"/> DD <input type="text" value="24"/> YYYY <input type="text" value="2020"/> ★	Station <input type="text" value="001"/> ★	Incident Number <input type="text" value="0001323"/> ★	Exposure <input type="text" value="000"/> ★	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-2 Fire
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B Property Details B1 <input type="text" value="8"/> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in building of origin whether or not all units became involved.</small> B2 <input type="text" value="1"/> <input type="checkbox"/> Buildings not involved <small>Number of buildings involved</small> B3 <input type="text"/> , <input type="text"/> <input checked="" type="checkbox"/> None <small>Acres burned (outside fires)</small> <input type="checkbox"/> Less than one acre	C On-Site Materials or Products <input type="checkbox"/> None <small>Complete if there were any significant amounts of commercial, industrial, energy, or agricultural products or materials on the property, whether or not they became involved.</small> Enter up to three codes. Check one box for each code entered. <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="text"/> <input type="text"/> On-site material (1) </div> <div style="width: 48%;"> <input type="text"/> <input type="text"/> On-site material (2) </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="text"/> <input type="text"/> On-site material (3) </div> <div style="width: 48%;"> On-Site Materials Storage Use 1 <input type="checkbox"/> Bulk storage or warehousing 2 <input type="checkbox"/> Processing or manufacturing 3 <input type="checkbox"/> Packaged goods for sale 4 <input type="checkbox"/> Repair or service U <input type="checkbox"/> Undetermined </div> </div>
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D Ignition D1 <input type="text" value="UU"/> <input type="checkbox"/> Undetermined <small>Area of fire origin</small> ★ D2 <input type="text" value="UU"/> <input type="checkbox"/> Undetermined <small>Heat source</small> ★ D3 <input type="text" value="UU"/> <input type="checkbox"/> Undetermined <small>Item first ignited</small> ★ 1 <input type="checkbox"/> Check box if fire spread was confined to object of origin. D4 <input type="text"/> <input type="text"/> <small>Type of material first ignited</small> <small>Required only if item first ignited code is 00 or <70.</small>	E1 Cause of Ignition ★ <input type="checkbox"/> Check box if this is an exposure report. ➡ Skip to Section G 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional 3 <input type="checkbox"/> Failure of equipment or heat source 4 <input type="checkbox"/> Act of nature 5 <input checked="" type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation E2 Factors Contributing to Ignition ★ <input type="checkbox"/> None <input type="text" value="UU"/> <input type="checkbox"/> Undetermined <small>Factor contributing to ignition (1)</small> <input type="text"/> <input type="text"/> <small>Factor contributing to ignition (2)</small>	E3 Human Factors ★ Contributing to Ignition <small>Check all applicable boxes</small> <input checked="" type="checkbox"/> None 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Possibly impaired by alcohol or drugs 3 <input type="checkbox"/> Unattended person 4 <input type="checkbox"/> Possibly mentally disabled 5 <input type="checkbox"/> Physically disabled 6 <input type="checkbox"/> Multiple persons involved 7 <input type="checkbox"/> Age was a factor <small>Estimated age of person involved</small> <input type="text"/> 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
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F1 Equipment Involved in Ignition <input type="checkbox"/> None ➡ If equipment was not involved, skip to Section G. <input type="text"/> <input type="text"/> <small>Equipment Involved</small> <small>Brand</small> <input type="text"/> <small>Model</small> <input type="text"/> <small>Serial #</small> <input type="text"/> <small>Year</small> <input type="text"/>	F2 Equipment Power Source <input type="text"/> <input type="text"/> <small>Equipment Power Source</small> F3 Equipment Portability 1 <input type="checkbox"/> Portable 2 <input type="checkbox"/> Stationary <small>Portable equipment normally can be moved by one or two persons, is designed to be used in multiple locations, and requires no tools to install.</small>	G Fire Suppression Factors <input type="checkbox"/> None <small>Enter up to three codes.</small> <input type="text"/> <input type="text"/> <small>Fire suppression factor (1)</small> <input type="text"/> <input type="text"/> <small>Fire suppression factor (2)</small> <input type="text"/> <input type="text"/> <small>Fire suppression factor (3)</small>
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H1 Mobile Property Involved <input type="checkbox"/> None 1 <input type="checkbox"/> Not involved in ignition, but burned 2 <input type="checkbox"/> Involved in ignition, but did not burn 3 <input type="checkbox"/> Involved in ignition and burned <div style="text-align: right; font-size: 2em;">➡</div>	H2 Mobile Property Type and Make <input type="text"/> <input type="text"/> <small>Mobile property type</small> <input type="text"/> <input type="text"/> <small>Mobile property make</small> <input type="text"/> <input type="text"/> <small>Year</small>	Local Use <input type="checkbox"/> Pre-Fire Plan Available <small>Some of the information presented in this report may be based upon reports from other agencies:</small> <input type="checkbox"/> Arson report attached <input type="checkbox"/> Police report attached <input type="checkbox"/> Coroner report attached <input type="checkbox"/> Other reports attached <hr/> <hr/> <hr/> <hr/>
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Mobile property model
 License Plate Number State VIN
 Structure fire? Please be sure to complete the Structure Fire form (NFIRS-3).

NFIRS-2 Revision 01/01/05

I1 Structure Type ☆ If fire was in an enclosed building or a portable/mobile structure, complete the rest of this form. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input checked="" type="checkbox"/> Enclosed building 2 <input type="checkbox"/> Portable/Mobile structure 3 <input type="checkbox"/> Open structure 4 <input type="checkbox"/> Air-supported structure 5 <input type="checkbox"/> Tent 6 <input type="checkbox"/> Open platform (e.g., piers) 7 <input type="checkbox"/> Underground structure (work areas) 8 <input type="checkbox"/> Connective structure (e.g., fences) 0 <input type="checkbox"/> Other type of structure </div>	I2 Building Status ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> Under construction 2 <input type="checkbox"/> In normal use 3 <input type="checkbox"/> Idle, not routinely used 4 <input type="checkbox"/> Under major renovation 5 <input checked="" type="checkbox"/> Vacant and secured 6 <input type="checkbox"/> Vacant and unsecured 7 <input type="checkbox"/> Being demolished 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>	I3 Building Height ☆ Count the roof as part of the highest story. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 001 Total number of stories at or above grade. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 00 Total number of stories below grade. </div>	I4 Main Floor Size ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 00, 003, 000 Total square feet </div> <p style="text-align: center; margin: 10px 0;">OR</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 0, 100 BY 0, 030 Length in feet Width in feet </div>
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NFIRS-3
Structure
Fire

J1 Fire Origin ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 002 Story of fire origin </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Below grade </div>	J3 Number of Stories Damaged by Flame ☆ Count the roof as part of the highest story. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Number of stories w/minor damage (1 to 24% flame damage) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Number of stories w/significant damage (25 to 49% flame damage) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Number of stories w/heavy damage (50 to 74% flame damage) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Number of stories w/extreme damage (75 to 100% flame damage) </div>	K Type of Material Contributing Most to Flame Spread ☆ <input type="checkbox"/> Check if no flame spread OR if same as Material First Ignited (Block D4, Fire Module) OR if unable to determine. <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> Skip to Section L </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> K1 _____ Item contributing most to flame spread </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> K2 _____ Type of material contributing most to flame spread Required only if item contributing code is 00 or <70. </div>
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L1 Presence of Detectors ☆ (In area of the fire) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present U <input type="checkbox"/> Undetermined </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> Skip to Section M </div>	L3 Detector Power Supply ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> Battery only 2 <input type="checkbox"/> Hardwire only 3 <input type="checkbox"/> Plug-in 4 <input type="checkbox"/> Hardwire with battery 5 <input type="checkbox"/> Plug-in with battery 6 <input type="checkbox"/> Mechanical 7 <input type="checkbox"/> Multiple detectors & power supplies 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>	L5 Detector Effectiveness ☆ Required if detector operated. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> Alerted occupants, occupants responded 2 <input type="checkbox"/> Alerted occupants, occupants failed to respond 3 <input type="checkbox"/> There were no occupants 4 <input type="checkbox"/> Failed to alert occupants U <input type="checkbox"/> Undetermined </div>
L2 Detector Type ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat 3 <input type="checkbox"/> Combination smoke and heat 4 <input type="checkbox"/> Sprinkler, water flow detection 5 <input type="checkbox"/> More than one type present 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>	L4 Detector Operation ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> Fire too small to activate 2 <input type="checkbox"/> Operated 3 <input type="checkbox"/> Failed to operate U <input type="checkbox"/> Undetermined </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> Complete Block L5 </div>	L6 Detector Failure Reason ☆ Required if detector failed to operate. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> Power failure, shutoff, or disconnect 2 <input type="checkbox"/> Improper installation or placement 3 <input type="checkbox"/> Defective 4 <input type="checkbox"/> Lack of maintenance, includes not cleaning 5 <input type="checkbox"/> Battery missing or disconnected 6 <input type="checkbox"/> Battery discharged or dead 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>

M1 Presence of Automatic Extinguishing System ☆ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> N <input checked="" type="checkbox"/> None Present 1 <input type="checkbox"/> Present 2 <input type="checkbox"/> Partial System Present U <input type="checkbox"/> Undetermined </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> Complete rest of Section M </div>	M3 Operation of Automatic Extinguishing System ☆ Required if fire was within designed range. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> Operated/effective (go to M4) 2 <input type="checkbox"/> Operated/Not effective (go to M4) 3 <input type="checkbox"/> Fire too small to activate 4 <input type="checkbox"/> Failed to operate (go to M5) 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>	M5 Reason for Automatic Extinguishing System Failure ☆ Required if system failed or not effective. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> System shut off 2 <input type="checkbox"/> Not enough agent discharged 3 <input type="checkbox"/> Agent discharged but did not reach fire 4 <input type="checkbox"/> Wrong type of system 5 <input type="checkbox"/> Fire not in area protected 6 <input type="checkbox"/> System components damaged 7 <input type="checkbox"/> Lack of maintenance 8 <input type="checkbox"/> Manual intervention 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined </div>
M2 Type of Automatic Extinguishing System ☆ Required if fire was within designed range of AES. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 <input type="checkbox"/> Wet-pipe sprinkler 2 <input type="checkbox"/> Dry-pipe sprinkler 3 <input type="checkbox"/> Other sprinkler system 4 <input type="checkbox"/> Dry chemical system 5 <input type="checkbox"/> Foam system 6 <input type="checkbox"/> Halogen-type system 7 <input type="checkbox"/> Carbon dioxide (CO₂) system 0 <input type="checkbox"/> Other special hazard system U <input type="checkbox"/> Undetermined </div>	M4 Number of Sprinkler Heads Operating ☆ Required if system operated. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> _____ Number of sprinkler heads operating </div>	

NFIRS-3 Revision 01/01/06

A	FDID <input type="text" value="36007"/>	State <input type="text" value="OK"/>	Incident Date <input type="text" value="MM 03 DD 24 YYYY 2020"/>	Station <input type="text" value="001"/>	Incident Number <input type="text" value="0001323"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-10 Personnel
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B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> <small>Check if same date as Alarm date on the Basic Module (Block E1).</small> Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People <input checked="" type="checkbox"/>	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID <input type="text" value="115"/> ★Type <input type="text" value="75"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="2314"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="2326"/> Clear <input type="checkbox"/> 03 25 2020 0235	Sent <input checked="" type="checkbox"/>	<input type="text" value="2"/>		<input type="text" value="10"/> <input type="text"/>

Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1-0098	CARSON COMBEST		<input checked="" type="checkbox"/>				
1-0127	CHRISTOPHER JONES		<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

2 ID <input type="text" value="118"/> ★Type <input type="text" value="75"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="2307"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="2309"/> Clear <input type="checkbox"/> 03 25 2020 0235	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="3"/>	Apparatus Use <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <input type="text" value="10"/> <input type="text"/>
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
10498	TANNER TONEY		<input checked="" type="checkbox"/>				
1-0031	BENJAMIN WEBB		<input checked="" type="checkbox"/>				
10550	NICHOLAS FULTON		<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3 ID <input type="text" value="105"/> ★Type <input type="text" value="92"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="2307"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="2309"/> Clear <input type="checkbox"/> 03 25 2020 0235	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="1"/>	Apparatus Use <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	Actions Taken <input type="text" value="10"/> <input type="text"/>
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
1950	RON CREMERS		<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

A	FDID	36007	OK	State	MM	DD	YYYY	Incident Date	001	Station	0001323	Incident Number	000	Exposure	Delete	Change	NFIRS-10 Personnel
	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	

B Apparatus or Resources	Dates and Times	Sent	Number of People	Apparatus Use	Actions Taken
	<small>Midnight is 0000</small> <input checked="" type="checkbox"/> Check if same date as Alarm date on the Basic Module (Block E1). <div style="display: flex; justify-content: space-between;"> Month Day Year Hour/Min </div>	<input checked="" type="checkbox"/>		Check ONE box for each apparatus to indicate its main use at the incident. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	List up to 4 actions for each apparatus and each personnel.
1 ID 108 ★Type 11	Dispatch <input checked="" type="checkbox"/> 2307 Arrival <input checked="" type="checkbox"/> 2309 Clear <input type="checkbox"/> 03 25 2020 0235	Sent <input checked="" type="checkbox"/>	2		10

Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
9744	SCOTT GARRETT		<input checked="" type="checkbox"/>				
9009	GARY WHITEHEAD		<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

2 ID 105 ★Type 11	Dispatch <input checked="" type="checkbox"/> 2307 Arrival <input checked="" type="checkbox"/> 2309 Clear <input type="checkbox"/> 03 25 2020 0235	Sent <input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	10
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Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
9347	BENJAMIN CREECH		<input checked="" type="checkbox"/>				
9739	ANDRE STOLL		<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3 ID 102 ★Type 11	Dispatch <input checked="" type="checkbox"/> 2307 Arrival <input checked="" type="checkbox"/> 2326 Clear <input type="checkbox"/> 03 25 2020 0235	Sent <input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	10
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Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken
8802	ALLAN FOGLE		<input checked="" type="checkbox"/>				
1-0008	LANE LATHERS		<input checked="" type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

A	FDID <input type="text" value="36007"/>	State <input type="text" value="OK"/>	Incident Date <input type="text" value="MM 03 DD 24 YYYY 2020"/>	Station <input type="text" value="001"/>	Incident Number <input type="text" value="0001323"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS-10 Personnel
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B Apparatus or Resources	Dates and Times <small>Midnight is 0000</small> <small>Check if same date as Alarm date on the Basic Module (Block E1).</small> Month Day Year Hour/Min	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="2"/>	Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
1 ID <input type="text" value="116"/> ★Type <input type="text" value="71"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="2307"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="2309"/> Clear <input type="checkbox"/> <input type="text" value="03"/> <input type="text" value="25"/> <input type="text" value="2020"/> <input type="text" value="0235"/>	Sent <input checked="" type="checkbox"/>	<input type="text" value="2"/>	<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="text" value="10"/> <input type="text"/>

Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="8801"/>	CHAD CUNNINGHAM		<input checked="" type="checkbox"/>				
<input type="text" value="9994"/>	CODY REGIER		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

2 ID <input type="text" value="103"/> ★Type <input type="text" value="12"/>	Dispatch <input checked="" type="checkbox"/> <input type="text" value="2307"/> Arrival <input checked="" type="checkbox"/> <input type="text" value="2309"/> Clear <input type="checkbox"/> <input type="text" value="03"/> <input type="text" value="25"/> <input type="text" value="2020"/> <input type="text" value="0235"/>	Sent <input checked="" type="checkbox"/>	Number of People <input type="text" value="2"/>	Apparatus Use <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <input type="text" value="10"/> <input type="text"/>
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text" value="8801"/>	CHAD CUNNINGHAM		<input checked="" type="checkbox"/>				
<input type="text" value="9994"/>	CODY REGIER		<input checked="" type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

3 ID <input type="text"/> ★Type <input type="text"/>	Dispatch <input type="checkbox"/> <input type="text"/> Arrival <input type="checkbox"/> <input type="text"/> Clear <input type="checkbox"/> <input type="text"/>	Sent <input type="checkbox"/>	Number of People <input type="text"/>	Apparatus Use <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken <input type="text"/> <input type="text"/>
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Personnel ID ★	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				
<input type="text"/>			<input type="checkbox"/>				

A	<input type="text" value="36007"/>	<input type="text" value="OK"/>	<input type="text" value="MM 03"/>	<input type="text" value="DD 24"/>	<input type="text" value="YYYY 2020"/>	<input type="text" value="001"/>	<input type="text" value="0001323"/>	<input type="text" value="000"/>	<input type="checkbox"/> Delete	ESO-1 Non-NFIRS Fields
	FDID ★	State ★	Incident Date ★		Station	Incident Number ★	Exposure ★	<input type="checkbox"/> Change	<input type="checkbox"/> No Activity	

E1 Additional Incident Times

PSAP Recieved	Month	Day	Year	Hour	Min	Dispatch Notified	Month	Day	Year	Hour	Min
	03	25	2020				03	25	2020		

B	Apparatus or Resources	Dates and Times <small>Midnight is 0000</small>	ID	Type	En Route	District
		<small>Month Day Year Hour/Min</small>				
			5 ID 105		En Route 03 24 2020 2307	
				Type		District 03 25 2020
1	ID 115	En Route 03 24 2020 2314	6 ID 102		En Route 03 24 2020 2314	
	Type	District 03 25 2020		Type	District 03 25 2020	
2	ID 118	En Route 03 24 2020 2307	7 ID 116		En Route 03 24 2020 2307	
	Type	District 03 25 2020		Type	District 03 25 2020	
3	ID 105	En Route 03 24 2020 2307	8 ID 103		En Route 03 24 2020 2307	
	Type	District 03 25 2020		Type	District 03 25 2020	
4	ID 108	En Route 03 24 2020 2307	9 ID		En Route	
	Type	District 03 25 2020		Type	District	